

Step 1: Basic Client Information

Please complete the following basic client information and note that all fields with an * are required fields. This information is used to close an open enrollment by performing the exit workflow. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name: * _____ Last Name: * _____

Middle Name: _____ Suffix: _____

Birthdate: * _____ Social Security Number: * _____

Step 2: Project Exit

Complete the project exit information and please note all fields with an * are required fields. Complete additional forms for each household member exited.

Exit Date: * _____

Destination:*

- ☐ Place note meant for habitation (e.g., vehicle, abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Emergency Shelter, including hotel or motel paid for with shelter voucher, or RHY-funded Host Home shelter
- ☐ Safe Haven
- ☐ Foster Care Home or Foster Care Group Home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, Prison, Juvenile Detention Facility
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric Hospital or Other Psychiatric Facility
- ☐ Substance Abuse Treatment or Detox Center
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or Motel paid for without emergency shelter voucher
- ☐ Transitional housing for homeless persons (including homeless youth)
- ☐ Host Home (non-crisis)
- ☐ Staying or living with friends, temporary tenure (e.g., room, apartment or house)
- ☐ Staying or living with family, temporary tenure (e.g., room, apartment or house)
- ☐ Staying or living with family, permanent tenure
- ☐ Staying or living with friends, permanent tenure
- ☐ Moved from one HOPWA funded project to HOPWA PH
- ☐ Moved from one HOPWA funded project to HOPWA TH
- ☐ Rental by client, with GPD TIP housing subsidy
- ☐ Rental by client, VASH Subsidy
- ☐ Permanent housing (other than RRH) for formerly homeless persons
- ☐ Rental by client with RRH or equivalent subsidy

- ☐ Rental by client, with HCV voucher (tenant or project based)
- ☐ Rental by client in a public housing unit
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Owned by client, with other ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

Other

- ☐ No exit interview completed
- ☐ Other
- ☐ Deceased
- ☐ Client Don't Know
- ☐ Client Refused
- ☐ Data Not Collected

Exit Reason:*

- | | |
|---|--|
| <input type="checkbox"/> Left for a housing opportunity before completing the program | <input type="checkbox"/> Needs could not be met by program |
| <input type="checkbox"/> Completed program | <input type="checkbox"/> Disagreement with rules/persons |
| <input type="checkbox"/> Non-payment of rent/occupancy charge | <input type="checkbox"/> Death |
| <input type="checkbox"/> Non-compliance with Program | <input type="checkbox"/> Other* |
| <input type="checkbox"/> Criminal activity/destruction of property/violence | (Other Exit Reason_____) |
| <input type="checkbox"/> Reached maximum time allowed by program | <input type="checkbox"/> Unknown/Disappeared |

Covered by Health Insurance:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Type of Insurance:*

- | | |
|--|---|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Private Pay Health Insurance |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> State Health Insurance for Adults (HIP or HIP 2.0) |
| <input type="checkbox"/> State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP) | <input type="checkbox"/> Indian Health Service (Native American) |
| <input type="checkbox"/> Veteran's Administration (VA) Medical Services | <input type="checkbox"/> Other Public |
| <input type="checkbox"/> Health Insurance Obtained through COBRA | <input type="checkbox"/> Other_____ |

Status:*

- | | | |
|---|---|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> No | |
| <input type="checkbox"/> Start Date:_____ | <input type="checkbox"/> Applied; decision pending | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> End Date:_____ | <input type="checkbox"/> Applied; client not eligible | <input type="checkbox"/> Client Refused |
| | <input type="checkbox"/> Client did not apply | <input type="checkbox"/> Data Not Collected |
| | <input type="checkbox"/> Insurance type N/A for this client | |

Medical Assessment:*

Medical Assistance Type:*

- ☐ Receiving public HIV/AIDS medical assistance
☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused
☐ Data Not Collected

If No, Reason No (if applicable):

- ☐ Applied; decision pending
☐ Applied; client not eligible
☐ Client Did Not Apply
☐ Insurance Type N/A for this Client
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Receiving AIDS Drug Assistance Program (ADP)

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused
☐ Data Not Collected

If No, Reason No (if applicable):

- ☐ Applied; decision pending
☐ Applied; client not eligible
☐ Client Did Not Apply
☐ Insurance Type N/A for this Client
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

T-Cell (CD4) Count Available:*

- ☐ Yes Date: * _____ T-Cell Count: * _____ ☐ Client Report
☐ No ☐ Medical Report
☐ Client Doesn't Know ☐ Other
☐ Client Refused
☐ Data Not Collected

Viral Load Available:*

- ☐ Available Date: * _____ Viral Load: * _____ ☐ Client Report
☐ Not Available ☐ Medical Report
☐ Undetectable ☐ Other
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Financial Assessment:* Cash Income: * ☐ Yes ☐ No

- ☐ Earned Income \$ _____
☐ Unemployment Insurance \$ _____
☐ Supplemental Security Income \$ _____
☐ Social Security Disability Income \$ _____
☐ VA Service-Connected Disability \$ _____
☐ VA NonService-Connected Disability \$ _____
☐ Private Disability Insurance \$ _____
☐ Worker's Compensation \$ _____
☐ TANF \$ _____
☐ General Assistance (GA) \$ _____
☐ Retirement (Social Security) \$ _____
☐ Pension/Retirement Former Job \$ _____
☐ Child Support \$ _____
☐ Alimony/Spousal Support \$ _____
☐ Other Income \$ _____

Non Cash Benefits: * ☐ Yes ☐ No

- ☐ Supplemental Nutrition Assistance Program (SNAP) \$ _____
☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
☐ TANF Child Care Services
☐ TANF Transportation Services
☐ Other TANF-Funded Services
☐ Other Source

Housing Assessment at Exit:* (Only required for ESG/CoC Homeless Prevention Projects)

- ☐ Able to maintain the housing they had at project entry
 - Subsidy information for maintained housing:
 - Without a subsidy
 - With the subsidy they had at project entry
 - Without an on-going subsidy acquired since project entry
 - Only with financial assistance other than a subsidy
- ☐ Moved to new housing unit
 - Subsidy information for new:
 - With on-going subsidy
 - Without an on-going subsidy
- ☐ Moved in with family/friends on a temporary basis
- ☐ Moved in with family/friends on a permanent basis
- ☐ Moved to a transitional or temporary housing facility or program
- ☐ Client became homeless – moving to a shelter or other place unfit for human habitation
- ☐ Client went to jail/prison
- ☐ Client died
- ☐ Client doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Self-Sufficiency Matrix and AMI Assessments also available. Other helpful resources at www.IndianaBOS.org.